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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

AT2006-1US

First Named Inventor

Terrasse

COMPLETE IF KNOWN

Application Number

N/A

Filing Date

N/A

Art Unit

N/A

Examiner Name

N/A

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Therapeutic and diagnostic inoculation device

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
03/12464	FR	Oct. 24, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

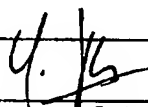
If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number: 20109 <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below	
Name Shihong Nicolas	
Address 4031 Arroyo Lindo Avenue	
City San Diego	State CA
ZIP 92117	
Country USA	Telephone 658-273-1238
Email shihongn@yahoo.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.	
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Gaetan	Family Name or Surname Terrasse
Inventor's Signature 	Date May 19 2006
Residence: City Saint Vallier	State NA
Country France	Citizenship French
Mailing Address 149 Rue Anatole France	
City Saint Vallier	State NA
Zip 71230	Country France
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Yves	Family Name or Surname Trehin
Inventor's Signature	Date
Residence: City Toulouse	State NA
Country France	Citizenship French
Mailing Address 107 Chemin des Fontanelles	
City Toulouse	State NA
Zip 31500	Country France
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.	

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DECLARATION — Utility or Design Patent Application

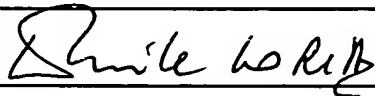
Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number: 26709		OR <input type="checkbox"/> Correspondence address below	
Name Shihong Nicolaou			
Address 4931 Arroyo Lindo Avenue			
City San Diego		State CA	ZIP 92117
Country USA	Telephone 858-273-1238	Email shihongn@yahoo.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gaetan		Family Name or Surname Terrasse	
Inventor's Signature			Date
Residence: City Saint Vallier	State NA	Country France	Citizenship French
Mailing Address 149 Rue Anatole France			
City Saint Vallier	State NA	Zip 71230	Country France
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Yves		Family Name or Surname Trehin	
Inventor's Signature 			Date MAY 19, 2006
Residence: City Toulouse	State NA	Country France	Citizenship French
Mailing Address 106 Chemin des Fontanelles			
City Toulouse	State NA	Zip 31500	Country France
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Emile		Loria	
Inventor's Signature 		Date <u>5/19/2006</u>	
La Jolla Residence: City	CA State	San Diego Country <u>USA</u>	French Citizenship
5916 Via Zurita			
Mailing Address			
La Jolla City	CA State	92037 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	NA
Filing Date	NA
First Named Inventor	Terrasse et al
Title	Therapeutic and Diagnostic Innocula
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	AT2006-1WO

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26709

OR

☒ Practitioner(s) named below:

Name	Registration Number
Shihong Nicolaou	46,960

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

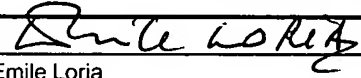
<input checked="" type="checkbox"/> Firm or Individual Name	Shihong Nicolaou				
Address	4931 Arroyo Lindo Avenue				
City	San Diego	State	CA	Zip	92117
Country	USA				
Telephone	858-273-1238	Email	shihongn@yahoo.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	05/07/06
Name	Emile Loria	Telephone	858 459 6689
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

Approved for use through 11/30/2006. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	XXXXXXXXXX
Filing Date	Oct. 8, 2003
First Named Inventor	Terrasse et al
Title	Therapeutic and Diagnostic Innocula
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	AT2006-1US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number.

26709

OR

☒ Practitioner(s) named below:

Name	Registration Number
Shihong Nicolaou	46,860

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number.

OR

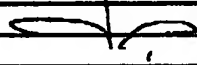
☐ The address associated with Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Shihong Nicolaou		
Address	4931 Arroyo Lindo Avenue		
City	San Diego	State	CA Zip 92117
Country	USA		
Telephone	858-273-1238	Email	shihongn@yahoo.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	May 19 2006
Name	Gaetan Terrasse	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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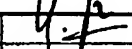
<input checked="" type="checkbox"/> Firm or Individual Name	Shihong Nicolaou		
Address	4931 Arroyo Lindo Avenue		
City	San Diego	State	CA
Country	USA	Zip	92117
Telephone	858-273-1238	Email	shihongn@yahoo.com

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	MAY 19, 2006
Name	Yves Trehin	Telephone	+33 562 463618
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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